



# **My Voice My Choice**

**This workbook belongs to:**

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# How to Use the My Voice, My Choice Workbook

This workbook will help you to:

- Think about planning for your future
- Write down what you know about yourself
- Get more information from other people
- Identify what needs to be done to keep you healthy and safe while living in the community
- Use what you have learned to develop a plan for keeping the good stuff and changing what you want to change

Planning where you want to be and what you want to do is done best when working together with other people. It is done in partnership. The reason that partnership works is that no single person has all the answers. People work together and share their ideas. When completing the My Voice, My Choice workbook the people you partner with are called your Circle of Support.

Your Circle of Support should include people that you trust to give you advice, that listen to what you say, respect your decisions and support you to find ways to do the things you want to do in your life. Together you can use this workbook as a tool to plan a future that is focused on you. This is called person-centered planning.

Person-centered planning should help you to answer four (4) questions:

1. ***What do you want?***

- \* This would include such things as what you like to do and people you like to spend time with.

2. ***What do you need?***

- \* This would include the things you or other people feel you need to be safe.

3. ***What is the balance between what you want and what you need?***

- \* This is about figuring out how to do what you want while keeping an eye on your health and safety.

4. ***What things in your life need to change and what needs to stay the same?***

- \* At the end of the person-centered planning process you can review the workbook and decide what you want and what you need. This will help you figure out what things in your life need to stay the same and what things need to change.

As you do each page of the workbook during the person-centered planning process, you have a choice:

- You can work directly on the blank pages provided in this workbook or you can use whiteboards or flipcharts.
- If you feel you need more room for writing, you may want to make more than one copy of a particular page. Just be sure to attach the additional pages to this workbook.
- You may want to cut out pictures that represent your ideas and attach them to your workbook pages.
- Instead of writing out your ideas, you may feel more comfortable completing your workbook pages on the computer and then printing them out.

There is no one right way to do this. It's up to you. Just remember, someone needs to be responsible for making sure the information discussed during the person-centered planning process gets written in the My Voice, My Choice workbook because it has to be submitted along with your Support and Spending Plan.

We only recommend the following:

- Don't do so much at any one time that you wear yourself out. Person-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your Circle of Support several times for one or two hours at a time.
- Don't do so little at any one time that you squash your excitement and commitment to move on in your life.
- Write the date you complete a page at the bottom of the page. This helps you keep track of when you talked about different ideas.
- If you are working on one page of the workbook and want to refresh your memory about what you wrote on previous pages, it's a good idea to spread your pages out on a table where you can look at all of them at once.

One final note, the questions listed under the "Guidance" sections of the workbook pages are only suggestions for questions to ask yourself when completing that particular page. Don't limit yourself. If you and your Circle of Support think a question doesn't apply to you or you have other questions you want to talk about instead, feel free to discuss the things that are important to you, your future and your health and safety.

*Good luck!*

# Who do I want to help me develop my plan?



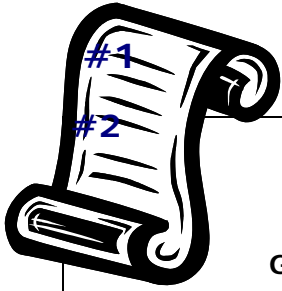
## Guidance:

Identify those people who you believe are willing to listen to you and help you with planning your future. In deciding who to include in your planning team, think about:

- \* Who listens when you talk about what is important to you?
- \* Who do you trust?
- \* Who knows about your health and safety needs?
- \* Who best understands what your life is like?
- \* Who asks you questions about your future plans?
- \* Who is likely to be willing to help you achieve your dreams?

Remember, even just one other person helping you is better than trying to plan your future alone.

# What is important to me?



## Guidance:

Identify those things that you find exciting, inspiring, interesting or that you like to do over and over. With your planning team, ask yourself the following questions:

- \* What things do I like to do?
- \* If I could live anywhere, where would it be?
- \* Do I want to be more active or do I want more time to relax?
- \* What things do I want to make sure are in my life every day?
- \* If I could change one thing in my life, what would it be?
- \* What activities or groups in my community interest me?
- \* What are the three most important things in my life?
- \* What parts of my home life do I want to remain the same?
- \* Do I have hobbies or do I want to develop some hobbies?
- \* Do I want to work or volunteer?
- \* Are there new things I would like to learn to do?



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

# Who would I like to spend time with?



## Guidance:

Strengthening your connections with people is an important part of getting to a better future.

As you complete this page, think about what you and your planning team can do:

- To improve relationships you currently have with family and friends
- To encourage new relationships or restore some relationships that have been lost

Ask yourself the following:

- How might I get in touch with someone I have not seen for a long time?
- Who would be a good person to invite for dinner, to go to a movie or to have coffee with?
- Are there any relationships in my life that I am uncomfortable with and might want to change?
- Who am I strongly connected to through work, school, church or other parts of my community?
- Who would I call if I didn't feel well and needed help?



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# My Week

## Things I want to do during the week:



What would your best Monday through Friday be like? If you could be doing anything, what would it be? What kinds of activities make you happy? Who would you do it with? What kinds of work, volunteer or social activities would you want to be doing?

## Things I don't want to do during the week:



What would your worst Monday through Friday be like? What kinds of things make you mad, sad, bored, annoyed or frustrated? What kinds of things bug you? What things (or people) do you want to make sure are NOT part of your week? Are there things that worry or scare you?



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# My Weekend

## Things I want to do on the weekend:



What would your best weekend be like? If you could be doing anything, what would it be? What kinds of activities make you happy? Who would you spend time with? What kinds of work, volunteer or social activities would you want to be doing on the weekends?

## Things I don't want to do on the weekend:



What would your worst weekend be like? What kinds of things make you mad, sad, bored, annoyed or frustrated? What kinds of things bug you? What things (or people) do you want to make sure are NOT part of your weekend? Are there things that worry or scare you?



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# What help would I need during the **WEEK** to do the things I want at home?

## Guidance:

What help do you need at home to make sure things get done that are important to you and your well-being?

Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking and taking your medications.

Do you need help taking care of these things or do you want to learn how to do any of these things?

This list should also include the support(s) you would need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

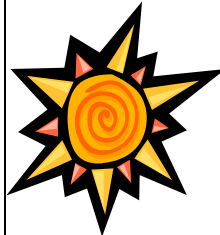
- \* Companion services for condition(s) requiring another person to be immediately available to provide assistance, guidance and/or instruction
- \* A lifeline response system
- \* Adaptive equipment.

This is also a good time to start thinking about how many hours you would need someone around to provide any help you need. This information will be necessary when get ready to develop your Plan.

## Morning:



## Daytime:



## Evening:



## Night:



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# What help would I need during the **WEEK** to do the things I want at work?

## Guidance:

Whether you've already got a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to get or keep a job.

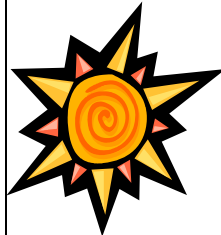
Some things to think about:

- ☐ Do you want to work all day or just part time?
- ☐ What skills will you need to learn in order to do the job you want to?
- ☐ Will you need someone to help you on the job for a period of time?
- ☐ Will you need transportation to get to a job?
- ☐ Will working change your need for other supports during the day?
- ☐ Will you need certain clothes or equipment to do the job?
- ☐ Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

## Morning:



## Daytime:



## Evening:



## Night:



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# What help would I need during the **WEEKEND** to do the things I want at home?

## Guidance:

What help do you need at home to make sure things get done that are important to you and your well-being?

Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking and taking your medications.

Do you need help taking care of these things or do you want to learn how to do any of these things?

This list should also include the support(s) you would need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

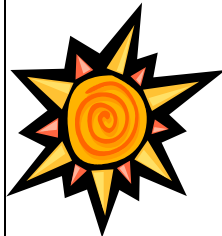
- \* Companion services for condition(s) requiring another person to be immediately available to provide assistance, guidance and/or instruction
- \* A lifeline response system
- \* Adaptive equipment.

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## Morning:



## Daytime:



## Evening:



## Night:



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

# What help would I need during the **WEEKEND** to do the things I want at work?

## Guidance:

Whether you already have a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to obtain and/or maintain employment.

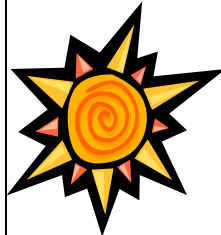
Some things to think about:

- ☐ Do you want to work all day or just part time?
- ☐ What skills will you need to learn in order to do the job you want to?
- ☐ Will you need someone to help you on the job for a period of time?
- ☐ Will you need transportation to get to a job?
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- ☐ Will you need certain clothes or equipment to do the job?
- ☐ Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

## Morning:



## Daytime:



## Evening:



## Night:



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# What things do I want to do in the community?



## Guidance:

Having the opportunity to involve yourself in community activities that interest and inspire you is an important part of living a full and satisfying life.

This page provides you with the opportunity to identify ways in which you would like to interact with your community.

When completing this page you might want to think about the following:

- \* Are you interested in helping in the community without being paid?
- \* Do you want to participate in social, religious or political organizations?
- \* Do you want to become a member of a health club?
- \* Do you want to attend certain community events and attractions (i.e. parades, concerts, movies, museums, etc.)?
- \* Would you like to become more involved with your neighbors?



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# Skilled Support/ Adaptive Equipment/Medical Supplies



## Guidance:

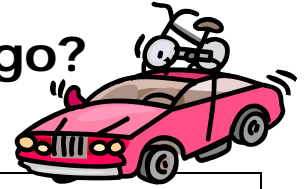
There may be times when you need skilled service providers or specialized equipment to provide you with support in your daily life.

When completing this page you might want to ask yourself some of the following questions:

- Do you require assistance to communicate with others (i.e. interpreter)?
- Do you require the services of a physical therapist (PT)?
- Do you require the services of an occupational therapist (OT)?
- Do you require the services of a Speech Therapist?
- Do you require the services of a Nurse?
- Do you require Mental Health services?
- Would you benefit from adaptive equipment designed to assist you with mobility, feeding or personal care?
- Do you require specialized medical supplies as part of your day to day routine (i.e. Attends, syringes, latex gloves, mattress protectors)?
- Do you require nutritional supplements?

**IMPORTANT REMINDER:** A doctor's prescription may be required prior to receiving OT, PT, Speech Therapy, Nursing services, medical supplies and nutritional supplements. If you don't know if you need a prescription, contact your doctor for assistance.

# What help do I need to get to the places I want to go?



## Guidance:

Living in your own place, having a job, participating in daytime and nighttime activities, and having relationships require you to be able to get around.

If you do not drive, you will need to figure out how you will get to all of your activities and appointments.

For each of the categories identify what types of transportation you will use or any plan you might have to be trained on using transportation services.

It is also important to keep the following things in mind when discussing transportation:

- What times of the day or night do you require transportation?
- Do you require special accommodations (i.e. wheelchair accessible van, aide)?
- If your provider uses your car, do you have appropriate insurance coverage?
- Will you reimburse your provider for gas if they use their own vehicle?

<b>Work</b>	
<b>Family, Friends &amp; Recreation</b>	
<b>Clubs &amp; Organizations</b>	
<b>Medical Appointments</b>	
<b>Shopping &amp; Errands</b>	



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# How do I manage my money and pay my bills?

## Guidance:

Paying your monthly bills and being able to purchase necessities such as food and clothing is an important part of living independently in the community.

This page can help you and your planning team to identify the supports needed to manage your money, pay your bills or teach you to do things yourself.

Some things to think about are:

- \* Do you need help with balancing your checkbook or putting together a budget and sticking to it?
- \* Do you need help with going to the bank and handling financial transactions?
- \* Do you need help with applying for services that would provide financial assistance (i.e. housing assistance, energy assistance, food stamps, etc.)?
- \* Could you benefit from learning how to use a debit or Quest card?
- \* Would you like to learn how to write or sign a check?
- \* Do you help to keep others from taking advantage of you financially?



Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



# Where do I want to live?

It is important to like where you live and who you live with. Use this page to identify the kind of home you want to live in and the kind of person you want to live with.



What kind of residence would I prefer to live in?

- ☐ my own home or apartment
- ☐ someone else's home or apartment
- ☐ Certified Adult Family Home
  - ☐ relative
  - ☐ non-relative

- ☐ Assisted Living Facility
- ☐ a nursing home
- ☐ Other \_\_\_\_\_

Do you want roommates? If yes, how many? What qualities would a good roommate have?

If I want to move out of where I live now, what would I need to do before I would be able to move?

# Is there something I'm doing now that causes me or others to feel sad, mad, hurt or angry?

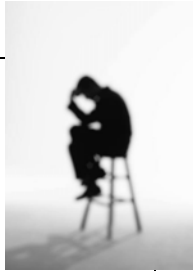
## Guidance:

Think about things you do that cause you to feel bad about yourself or create problems for you when you are with other people. These behaviors might include things such as:

- \* drinking too much alcohol;
- \* smoking cigarettes;
- \* yelling loudly at others;
- \* using illegal drugs;
- \* running away;
- \* refusing medication; or
- \* physically hurting someone else.

If you believe you may be doing something that causes others to feel sad, mad, angry or hurt, list these things in the **top** box.

Now think about which of these things you would like to work on changing. List these things in the **bottom** box.



Is this something that I think I might want to stop doing or do differently?

# My Health and Safety Plan



## Guidance:

Are there any health and/or safety issues that you want to make sure other people pay attention to? If so, describe in the boxes what people need to know about you to keep you healthy and safe, and then specifically what they need to do to keep you healthy and safe. This section should include information that should not be overlooked such as:

- \* allergies
- \* therapies
- \* need for nursing oversight
- \* administration of medications
- \* conditions or illness which need regularly monitored (i.e. seizures, diabetes, chronic constipation)
- \* concerns related to eating or drinking
- \* where, when or under what circumstances it is okay for you to be on your own
- \* emergency procedures during a crisis
- \* concerns related to hurting self or others (i.e. illegal conduct, pica, self-mutilation)

If you are not sure where to begin, the Risk Identification Checklist can be useful for identifying health and/or safety concerns.

	What do others need to know to help me stay safe and healthy?	Plan to keep me safe:	Who will monitor this plan?	How often?
At Home:				
At Work:				
In the Community:				

Who will be responsible for assuring the provider qualifications and trainings of the support person? (check all that apply)

- ☐ Me
- ☐ Guardian/Responsible party
- ☐ Support Broker
- ☐ CSW Agency
- ☐ Other (indicate who): \_\_\_\_\_

